

**State of Washington**  
**Employment Security Department**  
**APPLICATION FOR COMMISSIONER APPROVED TRAINING**  
**Dislocated Aerospace Worker or Other Dislocated Worker**  
(See the reverse for information on completing the application)

**Please complete and return this application to your Employment Security Department representative**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

Name and Address of School or Training Facility: \_\_\_\_\_

Name of Training Program: \_\_\_\_\_ Training Begins: \_\_\_\_\_ Training Ends: \_\_\_\_\_

List specific jobs you will be qualified for after completion of training: \_\_\_\_\_

What Is Your Plan To Complete Training If Your UI Benefits Run Out? \_\_\_\_\_

\*\*\* Please attach labor market information and proof of training registration to this application \*\*\*

If you have a counselor or an advisor helping you develop your training plan, please provide his or her name and phone number and the name of the organization he or she represents:

Funding source for your training: \_\_\_\_\_

**I have provided the above information to obtain Unemployment Insurance benefits while attending full-time training. I understand this information may be verified and that I must promptly report any changes in the above conditions to the Employment Security Department.**

**I authorize the Dislocated Worker / Workforce Program and / or my counselor, the school or training facility shown above, to release information to the Employment Security Department about my enrollment, participation in training, attendance and progress in the course(s) described.**

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

**EMPLOYMENT SECURITY DEPARTMENT USE ONLY**

**Law:** RCW: 50.20.043 **Issue:** Approved Training JSC/TeleCenter #: \_\_\_\_\_ **BYE:** \_\_\_\_\_

**Wk(s)** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Reasoning:**

☐ Dislocated aerospace worker per RCW 50.20.042 and training relates to an occupation for which there are, or are expected to be, reasonable employment opportunities in the claimant's labor market.

☐ JTPA Title III / EDWAA / TRA

**Legal Results:** CAT allowed beginning \_\_\_\_\_ through \_\_\_\_\_

**Documentation Attached:**

☐ Full-Time Training ☐ LMI ☐ Dislocated Worker ☐ Other

**Department Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Completing the Commissioner Approved Training (CAT) Application

**Accurate and complete information allows for a quick decision on your application.** Most questions are self-explanatory. A few clarifications are below.

- *Name of training program.* For example, Diesel Mechanic, Computer Technician, Bookkeeper.
- *Training begins and Training ends.* The specific date your classes start and the specific date you will complete all training (not simply the end of the next quarter or term in your training plan). Specific means at least the month and year.
- *List specific jobs you will be qualified for after completion of training.* What kind of job(s) can you get when your training is completed? To be approved, you must take training that will enable you to become reemployed. See *Labor Market Information* below.
- *What is your plan to complete training if you run out of UI benefits?* How will you pay for tuition, books and living expenses? Have you applied for loans or other financial aid? If you don't have a plan to complete your training when your UI benefits run out, your application may not be approved.
- *Please attach labor market information ... to this application.* Labor Market Information is necessary to determine if your training will enhance your employment prospects. It can come from many sources:
  - The Workforce or Dislocated Worker program at the school you want to attend
  - Your program advisor or counselor
  - Your Local Employment Center or Job Service Center
  - On-line resources, such as:

Work Career Help at <http://www.wa.gov/esd/work/careerhelp.htm>

Washington State Labor Market Information at <http://www.wa.gov/esd/lmea/>

Washington Interactive Labor Market Access (WILMA) at <http://www.wilma.org/wilmahome.htm>

The information should show you have researched your training choice and that the training will lead to a job. **Attach copies of your research to your application.** If labor market information is not attached to your application, approval may be delayed.

- *Please attach ... proof of registration... to this application.* Attach this proof so there is no delay or interruption of your UI benefits. If you are on a waiting list, or waiting to register for school until you know your CAT application will be approved, explain this to your Employment Security representative.
- *If you have a counselor or an advisor helping you develop your training plan, please provide his or her name and phone number and the name of the organization he or she represents.* If we need additional information about your school plans or there are questions or problems, being able to contact your advisor or counselor directly may help resolve them quickly.
- *Funding source for your training.* If your training costs are being funded by an outside source, or if you're being reimbursed for your costs, knowing the source may speed up the approval process. For example, is a "dislocated worker" program funding your training, or you are eligible for QTPP tuition assistance/ reimbursement?

If you are an unemployed aerospace worker and have questions about CAT, call toll-free 1-877-600-7701.